



CDBG/HOME AWARDS

MONITORING HANDBOOK

Recipient: _____

Award Number: _____ Amount: \$ _____

Date of Review: _____

Type of Monitoring:

Interim: _____ Final: _____

Type of Project: _____

Projected # Units: _____ Actual # Units _____ Goal % _____

Name of Reviewer: _____

Name of person(s) interviewed: _____ Title: _____

Subrecipient/Award Administrator: _____

Name of Person: _____

Subrecipient/Award Administrator Execution Date: _____

Environmental Review

Exempt Release of Funds Date: _____

Non-exempt Release of Funds Date: _____

Emergency Repair:

Address	Date Approved

Did the recipient have a copy of Environmental Review Record in its files? Yes No

Does IHFA have a complete copy of the Environmental Review Record? Yes No

(If no, get a copy of the missing documents)

After looking at the individual client files were any contracts signed prior the Non-exempt Release of Funds date? Yes No

If yes, explain:

After looking at the individual files were any contracts signed prior to a Section 106 Review being complete? Yes No

Property Address	Section 106 Concurrence Date	1 st Contract Date

If yes, explain:

Prior Monitoring History

List the most recent monitorings and findings that have occurred for the Recipient, Subrecipient, & Award Administrator.

Recipient:

Award Number	Date of Monitoring	Area of Finding/Concern

Subrecipient:

Award Number	Date of Monitoring	Area of Finding/Concern

Administrator:

Award Number	Date of Monitoring	Area of Finding/Concern

Were there any findings that have previously occurred?

Yes

No

If so, list the repeat findings:

Area of Finding/Concern	Describe Repeat Violation

Are the repeat findings from the same funding round? Yes No

Did the Recipient, Subrecipient, Award Administrator have ample time to correct the cause of the finding? Yes No

What are the reasons the repeat finding occurred?

Financials

Federal Cash Control Register

On IHFA Budget, include the following:

- Date check was deposited
- Date check(s) disbursed
- Amount of disbursement

Was ledger present? Yes No

What entity disbursed checks to the vendors? _____

Final Transaction Date _____

CDBG Recipients Only

Did the local unit of government use a separate ledger within the general fund or a separate bank account to account for CDBG award funds received and disbursed? Yes No

Was the account non-interest bearing? Yes No

Were all CDBG award funds disbursed by the recipient to a balance of less than \$5,000 within 3 business days? (*explain violations*) Yes No

If applicable, were all CDBG funds disbursed by the award administrator/subrecipient to a balance of less than \$5,000 within 3 business days? (*explain violations*) Yes No

HOME Recipients Only

Were all HOME funds disbursed to a zero balance within 15 business days? *(explain violations)* Yes No

If applicable, were all HOME funds disbursed by the award administrator/subrecipient to a zero balance within 15 business days *(explain violations)* Yes No

Ledger of Receipts, Disbursements and Balances

This ledger is generally kept by the Local Unit of Government. This ledger shows the receipt and disbursement of CDBG/HOME funds. Randomly select a few checks and look for the following: (1) date of check against the ledger; and (2) verify check was deposited by vendor.

Was ledger present? Yes No

Randomly pick checks from Ledger to verify for Accuracy (list each one)

Check #	Date	Vendor	Amount	Correct	Comment

Did a random review of checks demonstrate that the vendor received the check? Yes No

Ledger of Appropriations, Encumbrances, Disbursements, and Balances

Each line item of the budget must have one of these ledgers. Verify this ledger against the IHFA budget to ensure that the IHFA budget and Recipient ledgers balance.

Was separate ledger for each line item of the budget kept? Yes No

Did the Recipient over-expend any line item? *(explain)* Yes No

Do IHFA and Recipients budgets agree? Yes No

Contractor Obligation Control Ledger

On this ledger all contracts and change orders must be recorded. If there is more money obligated than the IHFA budget, find out how much of the contract is CDBG/HOME.

Was ledger present?	Yes	No
Were all contracts and change orders recorded on ledger?	Yes	No
Were all costs billed to correct line item? (<i>explain</i>)	Yes	No

Ledger of Expenditures by Site Address

There is one ledger for each property address. This ledger controls for amount owed and the amount paid to the contractor.

Was a Ledger of Expenditure by Site Address kept for each property rehabilitated under this award? (<i>1998 awards forward</i>)	Yes	No
Do they have contracts/change orders to back up each <i>amount listed</i> (expenditure).	Yes	No
Does the actual amount paid per site address match the ledger?	Yes	No

Source Documentation

Randomly select draw(s) from budget and verify support documentation. Recipient must have documentation for all items listed in the claim. NOTE:

- ◆ Award Administrators are not required to keep time sheets (invoices are fine); however, award administrator must have a documentation system for program delivery.
- ◆ Subrecipients are required to have time sheets that document the hours of work by each specific line item and by each site address for program delivery.

<i>Draw #</i>	<i>Amount</i>	<i>Proper Documentation</i>	<i>Explain</i>

Did the recipient have adequate support documentation to verify the claims that you selected?	Yes	No
<i>If no explain:</i>		

Were all expenses billed to the correct line item? Yes No
If no, explain:

Did the recipient claim any ineligible expenses? Yes No
If yes, explain:

Did the subrecipient keep time sheets that documented the number of hours worked by each line item? Yes No

Was program delivery hours tracked by site address [HOME required, CDBG required with all awards made in Round 3/ (November 1997) and after.] Yes No

Acquisition – Receipt of HUD-1

Did all property addresses have a HUD-1 for acquisition? Yes No

Was the HUD-1 Received by IHFA within 7 days of closing? Yes No

If no, complete the following table:

<i>Address</i>	<i>Closing Date</i>	<i>Date HUD-1 Received</i>	<i>Explain</i>

Client Files (Construction and Contractors)

Were there any interim disbursements to contractors? Yes No

If yes, was an interim inspection completed to ensure work had been satisfactorily completed? Yes No

Does IHFA have a signed inspection in its file? (*Claims 7-1-02 and after*) Yes No

If no, explain:

Prior to a final disbursement to contractor(s) was a final inspection completed to ensure work had been satisfactorily completed? Yes No

Does IHFA have a signed inspection in its file? (*Claims 7-1-02 & after*) Yes No

If no, explain:

Were any contractors paid an amount in excess of what was included on the Ledger of Expenditures by site address? Yes No

If yes, explain:

Did IHFA receive the Receipt of Payment Forms within 21 days of Claim? Yes No

If no, explain:

Match

Take copy of all match documentation

All match must be fully documented. Acceptable forms of documentation include:

- ◆ Volunteer labor – time sheets. Value at \$10 an hour unless it is a professional service then normal rate of pay.
- ◆ Donated Material – must have copies of invoices or inventory value (spot check a few homes for donated material)

Total Award _____
 (less) Admin _____ (*if applicable*)
 (less) E/R _____ (*if applicable*)
 Total Amount to be Matched _____

Identify the sources of match used on this project:

Source	Amount	Documentation
Total		

What percentage of match is there to total project funds drawn? _____ %

Did the recipient propose to use support services as match? (If yes, supporting services will need to be documented and submitted annually with the Annual Rental Report)	Yes	No
---	-----	----

Procurement

Subrecipient Agreement

Initial Application Date: _____

Was a subrecipient agreement executed?	Yes	No
--	-----	----

Date agreement executed? _____

Were any pre-agreement costs incurred? If yes, explain:	Yes	No
--	-----	----

If subrecipient agreement executed, answer all of the following:

- | | | |
|--|-----|----|
| 1. A statement of work, schedule for completing the work and a budget? | Yes | No |
| 2. Description of the records to be kept by the subrecipient and the recipient? | Yes | No |
| 3. Description of how program income will be handled? | Yes | No |
| 4. Statement of uniform administrative requirements such as Treasury Circulars A-110 and A-133? | Yes | No |
| 5. A clause for suspension and termination of agreements for noncompliance and convenience? | Yes | No |
| 6. A statement of reversion of CDBG/HOME-funded assets at the time the agreement expires? | Yes | No |
| 7. A statement of any federally approved indirect cost allocation plan and the name of the approving agency? | Yes | No |
| 8. A description of other program requirements? | Yes | No |

Did the subrecipient agreement contain all of the required Federal Contract provisions?	Yes	No
---	-----	----

What type of procurement was used by recipient?

NFP

LUG

Procurement by Not-For-Profits

NOTE: If a not-for profit does not have approved procurement standards, the not-for-profit would be required to use the Local Unit of Government procurement method.

Did the not-for-profit follow their approved procurement standards?	Yes	No
<i>If no, explain:</i>		

Was a cost and price analysis performed and documented in the file in connection with every procurement action?	Yes	No
---	-----	----

Procurement by Municipalities: Cities, Towns, and Counties

Did the project involve competitive sealed bids?	Yes	No
--	-----	----

If yes, answer the following:

Did the bid documents include the following:

a. Technical specifications?	Yes	No
b. City, town, or county, as well as federal and state requirements?	Yes	No
c. CDBG/HOME related requirements?	Yes	No
d. Cost and pricing information?	Yes	No
e. Method of payment?	Yes	No
f. Advertisement for bid (as required by state law)?	Yes	No
g. Bidder information specifying method of bidding, bid evaluation, and contract award?	Yes	No
g. Bid proposal form (Indiana General Form No.96) required for public works projects with contracts to exceed \$100,000?	Yes	No
i. Contract form?	Yes	No
j. Bonding forms (bid, performance, and payment bonds), if applicable?	Yes	No
k. Standards questionnaires and Financial Statement for Bidders (Indiana General Form No. 96A) required for public works projects with contracts to exceed \$100,000?	Yes	No

Did the recipient advertise at least twice in a newspaper of general circulation, and did the advertisements appear at least one week apart with the second publication being at least ten days prior to the date bids will be received?	Yes	No
--	-----	----

Did the advertisement include the following:

- | | | |
|---|-----|----|
| a. Include the date and place fixed for receiving bids? | Yes | No |
| c. It should also include bonding and certification requirements and the place where plans and specifications are available for public review? | Yes | No |
| d. For Davis-Bacon projects, the current prevailing federal wage publication must be incorporated on the notice for all applicable procurement. | Yes | No |
| e. Require all bidders to submit, on prescribed state forms, required financial statements, a statement(s) of experience, proposed plans for performing the work and equipment available? | Yes | No |

Was a bid tabulation sheet available showing name and bid price of each bidder, and whether the bid was responsive?	Yes	No
---	-----	----

Were bids awarded to the lowest or most responsive bidder?	Yes	No
--	-----	----

Was this firm verified against the HUD debarred list?	Yes	No
---	-----	----

Did the recipient use a bidder's list?	Yes	No
--	-----	----

MBE/WBE

Did the recipient solicit at least (2) MBE/WBE firms with each procurement action?	Yes	No
--	-----	----

Type of Solicitation: _____

Competitive Negotiation Procedure

Did the RFP include the following:

- | | | |
|---|-----|----|
| a. Scope of Services - detailed description of the extent and type of work to be performed? | Yes | No |
| b. Time Requirements - performance period? | Yes | No |
| c. Considerations for Bidding - any additional requirements not pertaining to the scope of services that would be considered when preparing a proposal? | Yes | No |
| d. Proposal Instructions - the format of the proposal? | Yes | No |
| f. Evaluation of Proposals - The recipient must identify all significant evaluation factors (and their relative importance), including price or cost where required, technical expertise, past experience, price, staffing, etc. and how the proposals received will be scored? | Yes | No |

g. Federal, state, and local regulations applicable to the award?	Yes	No
Did the recipient have an established criteria for evaluating proposals?	Yes	No
Did the entity with the best score/evaluation receive the contract?	Yes	No
Was this firm verified against the HUD debarred list?	Yes	No

Small Purchase Procedures

Services Under \$25,000

Did the recipient receive at least two quotes?	Yes	No
If a firm was selected on basis other than price, did the file contain documentation of the selection?	Yes	No

Supplies and Materials Under \$25,000

Are there two informal price quotes using Exhibit A or two formal quotes using Exhibit B?	Yes	No
---	-----	----

Bonding Requirements (N/A - Owner-occupied rehabilitation)

Was any one contract awarded when aggregated exceeded \$100,000? <i>If yes, explain:</i>	Yes	No
---	-----	----

If yes, complete the following:

Was there a bid guarantee from each bidder equivalent to 5% of the bid price?	Yes	No
Was a performance bond on the part of the contractor for 100% of the contract price?	Yes	No
Was there a payment bond on the part of the contractor for 100% of the contract price?	Yes	No
If any of the above were not done, did the recipient request a waiver from IHFA?	Yes	No

All Construction Contracts

Did contracts have a fixed amount of payment?	Yes	No
Was Section 3 Language included in contract?	Yes	No

Was all applicable Federal Contract Provisions included?	Yes	No
Did the contractor receive Lead Brochure?	Yes	No

Davis Bacon

Is this project Davis Bacon? <i>If yes, complete the remainder of this section</i>	Yes	No
---	-----	----

Did the recipient request a wage decision from IHFA?	Yes	No
--	-----	----

Date of initial wage decision: _____

Wage Decision # _____ with _____ modifications

Was the wage decision and HUD 4010 physically included in the bid specifications?	Yes	No
---	-----	----

Was the wage decision re-verified 10 days prior to bid opening?	Yes	No
---	-----	----

Date of 10-day Wage update: _____

Wage Decision # _____ with _____ modifications

Was there a copy of the minutes from the bid opening?	Yes	No
---	-----	----

Date of Bid Opening _____

Date of Notice of Contract Award _____

Date of Construction Contract: _____

Amount of Construction Contract: _____

General Contractor Information:

Name: _____

Address: _____

Wage Decision in Contract:

Wage Decision # _____ with _____ modifications

Was the contract executed within 90 days of re-verifying the wage decision?	Yes	No
---	-----	----

If no, did the recipient request a new wage decision?	Yes	No
---	-----	----

Contract:

- ◆ Were the federal contract provisions included with the contract? Yes No
- ◆ Was the HUD 4010 and wage decision physically attached? Yes No

Did any additional job classifications need to be added to the wage decision? Yes No

If yes, did the recipient request a classification from HUD? Yes No

Date Construction began: _____

Date Construction ended: _____

Payroll

General

- ◆ If a worker-employee is doing multiple jobs, the over-time rate is based on the work being done when the 40 hour mark is reached.
- ◆ To tell if a worker/employee is working multiple tasks, look at the payroll form line 7 (there would be two dollar figures)

Did any employees work more than 40 hours? Yes No

If yes, was the employee paid correct and applicable over-time? Yes No

Were any volunteers used on this project? Yes No

If Yes, did the recipient request an exception? (*explain*).

<i>Job Classification</i>	<i>Wage Rate</i>	<i>Actual Wage Paid</i>	<i>Correct</i>

Self-Employed Owners and Independent Subcontractors

- ◆ Do not need to list rate of pay on payroll form, however the total contract amount must be divided by the total number of hours worked to complete the job. This dollar amount must be verified to the wage rate listed on the Wage Decision

Fringe Benefits

- ◆ If listed on the wage decision must be:
 1. Paid in cash or
 2. Received in fringe benefits or
 3. A combination of both
- ◆ Contractors must submit documentation explaining how fringe benefits were calculated

Payroll Register

Did the recipient receive the certified payrolls?	Yes	No
Did the recipient have a certified payroll for every week (even if no activity took place)?	Yes	No
Does the recipient have a copy of Wage Deductions (this should be checked if something looks a little out of the ordinary)	Yes	No
Evidence that employee interviews were checked against the payroll?	Yes	No
Was restitution discovered by the recipient administrator?	Yes	No
Was IHFA made aware of the restitution owed?	Yes	No

If restitution was required, please include a copy of the documentation of worker/employee receiving the restitution.

Employee Interviews

Did the recipient conduct employee interviews?	Yes	No
Did the recipient interview at least 10% of each trade?	Yes	No

Final

Date of the "Notification of Completion/Final Inspection"	_____
Date "Final Wage Compliance Report" submitted	_____

Posters

Did the recipient have the EEO- Civil Rights poster hung?	Yes	No
Did the recipient have the Equal Housing poster hung?	Yes	No
Did the recipient have the federal IOSHA poster hung?	Yes	No
Did the recipient have the Federal Polygraph poster hung?	Yes	No
Did the recipient have the Secretary of Labor's Wage poster hung?	Yes	No

Did the recipient have a copy of the federal wage decision hung? Yes No

Award Condition Requirements

Constituency Served

Complete the following chart:

Income Level	Must Serve according to application	Actual Served
Assisted units at or below 30% AMI	%	
Assisted units between 30.1% - 40% AMI	%	
Assisted units between 40.1% - 50% AMI	%	
Assisted units between 50.1% - 60% AMI	%	
Assisted units between 60.1% - 80% AMI	%	
Total	100%	

Did project meet income population served? Yes No

If no explain:

Did the recipient propose to target and give housing preference to Special Needs Populations? Yes No
If yes, what percentage? _____%

How was this documented?

Did the recipient propose to set aside 100% Homeless, Transitional, or Migrant/Season Farm Workers? Yes No

How was this documented?

Did the recipient propose to set aside 100% of the units for individuals at or above 62 years of age or 80% of the units for individuals at or above 55 years of age? Yes No

How was this documented?

Development Characteristics

Did the recipient propose to include additional design features in the assisted units?	Yes	No
--	-----	----

If yes, did the recipient do this?	Yes	No
<i>If no, explain:</i>		

Did the recipient propose to incorporate accessibility features and design elements that go above and beyond the requirements of Section 504 of the Rehabilitation Act of 1973?	Yes	No
---	-----	----

If yes, did the recipient do this?	Yes	No
<i>If no, explain:</i>		

Did the recipient propose to offer energy conservation education?	Yes	No
---	-----	----

If yes, was there documentation in the files to demonstrate this?	Yes	No
<i>If no, explain.</i>		

Did the recipient propose to utilize the <i>Live the Dream. Own a Home</i> © curriculum?	Yes	No
--	-----	----

If yes, was there documentation in the files to demonstrate this?	Yes	No
<i>If no, explain.</i>		

Did the recipient propose to utilize vacant structure(s) for the housing?	Yes	No
---	-----	----

If yes, was there documentation in the files to demonstrate this?	Yes	No
<i>If no, explain.</i>		

Did the recipient propose to utilize historic tax credits or the development contains at these one unit that is a historic resource?	Yes	No
--	-----	----

If yes, was there documentation in the files to demonstrate this?	Yes	No
<i>If no, explain.</i>		

Did the recipient propose to provide post purchase counseling? Yes No

If yes, counseling will be provided on ☐ at least quarterly for one year or ☐ at least quarterly for two years?

Documentation in file to document this? Yes No
If no, explain.

Did recipient commit to requiring sweat equity or volunteer labor? Yes No
If yes, was there documentation in the files to demonstrate this? Yes No
If no, explain.

Did the recipient commit to providing home maintenance training to program beneficiaries? Yes No
If yes, was there documentation in the files to demonstrate this? Yes No
If no, explain.

Did recipient agree to provide an extended warranty? Yes No
If yes, will the extended warranty be provided for ☐ at least two years or ☐ at least three or more years?
Documentation in file to document this? Yes No
If no, explain.

Did the recipient propose to use the applicant, subrecipient or administrator to secure bids and supervise construction? Yes No
If yes, was there documentation in the files to demonstrate this? Yes No
If no, explain.

Did the recipient propose to provide one on one counseling in addition to class room style?	Yes	No
If yes, was there documentation in the files to demonstrate this? <i>If no, explain.</i>	Yes	No
Did the recipient propose to provide bilingual homeownership materials, counselors or training to program participants?	Yes	No
If yes, was there documentation in the files to demonstrate this? <i>If no, explain.</i>	Yes	No
Did the recipient propose to offer access to an Individual Development Account?	Yes	No
Was there documentation this was offered to beneficiaries? <i>If no, explain.</i>	Yes	No
Did the applicant propose to provide services or features unique to the housing program?	Yes	No
If yes, did the applicant have enough to cover the points received in this area? <i>Explain:</i>	Yes	No
Did the project propose to offer an extended affordability period?	Yes	No
If yes, was there documentation in the files to demonstrate this? <i>If no, explain.</i>	Yes	No
Did the applicant propose to provide other financing?	Yes	No
If yes, did the applicant propose <input type="checkbox"/> 75-99% of other resources or <input type="checkbox"/> 100% of other resources?		
Documentation in the file to demonstrate this? <i>If no, explain.</i>	Yes	No

Did the recipient propose that the total project cost would not exceed the following:

- ☐ Single site, Multi-family Rental & Transitional - \$75,000/unit
- ☐ Single-family rental, transitional & Homebuyer - \$90,000/unit
- ☐ Owner-occupied Rehabilitation - \$35,000/unit
- ☐ Emergency Shelters, Youth Shelters, and Migrant/Seasonal Farm Worker Housing - \$20,000/bed
- ☐ HOC/DPA - \$10,000/unit

Yes No

Documentation in file to demonstrate this?

Yes No

Explain:

Did the recipient receive written commitment for government monetary participation?

Yes No

Was the monitoring contribution ☐ 10¢ - 24¢ or ☐ 25¢ or more per capita?

Was there documentation this was received?

Yes No

If no, explain.

Did the recipient propose to develop in a Qualified Census Tract?

Yes No

If yes, what percentage? _____%

Were properties identified in the application?

Yes No

If no, is there proper documentation of the required percentage?

Yes No

Explain.

Did the recipient receive a commitment to waive private mortgage insurance for program beneficiaries?

Yes No

Did this occur?

Yes No

If no, explain.

Did the recipient receive a commitment to offer below market rate financing to program beneficiaries?

Yes No

Did this occur?

Yes No

If no, explain.

CDBG Awards Only – Citizen Participation

Did the recipient conduct at least one public hearing for the purposes of obtaining citizens' views as a review of program performance?

Yes

No

If no, explain.

Other Compliance Issues

Fair Housing & Accessibility

What action was taken to affirmatively further fair housing? (*LUG only*)
(*List and explain*)

Did recipient display the Fair Housing & Accessibility logos on all client Related materials?
(*If no explain*)

Yes

No

Did recipient display Fair Housing poster?

Yes

No

Did recipient display Equal Opportunity poster?

Yes

No

Did recipient display Lead Based Paint poster?

Yes

No

Did subrecipient display Fair Housing poster?

Yes

No

Did subrecipient display Equal Opportunity poster?

Yes

No

Did subrecipient display Lead Based Paint poster?

Yes

No

Did recipient or subrecipient have an effective communication system to interact with applicants, beneficiaries and members of the public?
(*explain*)

Yes

No

Recipient offices accessible?

Yes

No

Subrecipient offices accessible?

Yes

No

URA

Was there any temporary relocation? (If yes proceed)	Yes	No
---	-----	----

Were the persons reimbursed for housing and other related displacement cost? (explain)	Yes	No
---	-----	----

Did any voluntary acquisition of owner occupied or vacant housing take place? (if yes proceed)	Yes	No
---	-----	----

Did the notice contain:		
Estimated FMV	Yes	No
Offer to purchase	Yes	No
Eminent domain	Yes	No

Was their acquisition of occupied rental property? (If yes proceed)	Yes	No
--	-----	----

Was a General Information Notice given to both displaced and non-displaced residents at time of application of ASAP?	Yes	No
---	-----	----

Were Move In notices given after application, but prior to approval for new tenants?	Yes	No
---	-----	----

Were other appropriate notices given		
Notice of Non-displacement	Yes	No
Notice of Temporary Relocation	Yes	No
Notice of Eligibility for Assistance	Yes	No

Were occupants to be displaced given 90 day (30 day) notices?	Yes	No
---	-----	----

Owner-occupied Projects

Total Number of Homes Rehabilitated	_____
-------------------------------------	-------

Total Number of Beneficiaries	_____
-------------------------------	-------

What was the total amount of assistance per beneficiary?	_____
---	-------

For CDBG recipients, was the amount of assistance per beneficiary less than \$10,000?	Yes	No
--	-----	----

Project County	_____
----------------	-------

Did recipient meet income population served? If no explain:	Yes	No
--	-----	----

HOME Rental Projects

Total Number of Beneficiaries _____

What was the total amount of assistance per beneficiary? _____

Was the amount of rehabilitation that went into the unit greater than \$25,000 per unit? (\$35,000 as of Round 1, 1999) Yes No

If yes, did the recipient have this approved in the application or request a modification? Yes No

Explain:

Total Number of Units in the Development _____

Total Number of HOME Assisted Units _____

Was there an executed lease for the HOME-assisted units? Yes No

If no, explain:

Did the lease contain any of the following prohibited language?

Agreement to be sued Yes No

Treatment of property Yes No

Excusing owner from responsibility Yes No

Waiver of notice Yes No

Waiver of legal proceedings Yes No

Waiver of a jury trial Yes No

Waiver of right to appeal court decision Yes No

Tenant chargeable with cost of legal actions regardless of outcome Yes No

Tenant has less than 30 days to vacate the unit after receiving written notice of lease termination Yes No

If any of the above listed answers are “yes”, the recipient will be required to do one of the following: have their attorney review the language to determine if the language is prohibited as stated in HOME Final Rule 24 CFR Part 92.253 or re-do the lease. The appropriate action will be determined by Compliance Staff and detailed on the monitoring response letter. Please make a copy of the lease to bring back to the office.

Transitional Housing Only: Did the recipient propose to charge household’s a percentage of income for housing?

Yes No

Was this done in calculating tenant rent?
If no, explain.

Yes No

All other rental: Did the recipient propose rents that are less than the published limits?

Yes No

If yes, what is the percentage?

Were all tenant rents reflective of this percentage?
If no, explain.

Yes No

AFFIRMATIVE MARKETING

(For homebuyer or rental recipients with five or more HOME-assisted units)

Does the recipient have an IHFA-approved Affirmative Marketing plan?
If no, explain:

Yes No

Is the recipient evaluating their marketing procedures yearly?
If no, explain:

Yes No

Who has the recipient identified as underserved in their housing market?

Families with children
Single parents
Elderly
Disabled
Minorities
Other _____

Yes No
Yes No
Yes No
Yes No
Yes No

What marketing efforts has the recipient carried out to reach the underserved populations?

Media advertising (Television, print, radio, billboard, etc) List outlet_____	Yes	No
Community outreach	Yes	No
Social service referral network	Yes	No
Other_____		

Please provide a description of the recipient's affirmative marketing efforts and the results.

For example:

ABC Housing Corporation identified single parents as the underserved population in their housing market. Their marketing efforts aimed toward this group included distributing flyers in day care facilities, posters in the library, flyers at health care clinics and WIC offices. ABC's efforts resulted in two units being leased by qualified single parent households.

Project County: _____

Length of Mandatory Affordability Period _____

Length of Extended Affordability Period _____

Total Affordability Period _____

Was a Declaration of Low-Income Housing Commitment recorded? (Does IHFA have the original for not for profits, if no the original must be put in our files.)	Yes	No
--	-----	----

Utility Allowance (*check*) _____ Year

_____	Section 8 Utility Allowance Schedule
_____	IHFA Approved Utility Allowance (get copy)

Utilities (*check*)

_____	Paid by Tenant
_____	Paid by Owner
_____	Partially paid by Owner and Tenant
	Explain (description of what is paid by tenant and owner)

(Scattered Site Projects)

Is there a separate utility allowance for each property address? <i>If no explain:</i>	Yes	No
---	-----	----

Did the Development receive:

_____ Indiana Housing Trust Fund Loan
 _____ Rental Housing Tax Credits

Date Completion Report Submitted to HUD or IHFA _____

Did more than six months lapse between any person's initial income verification and the date of the lease?

Yes No

If yes, was a second income verification done prior to moving into the unit?

Yes No

If no, explain:

Complete the following table:

Apartment Type	Gross High HOME Rent	Gross Low HOME Rent	Utility Allowance	Actual High HOME Rent	Actual Low HOME Rent
Efficiency					
1-Bedroom Units					
2-Bedroom Units					
3-Bedroom Units					
4-Bedroom Units					

CDBG Rental

Total number of CDBG units assisted _____

Total Number of Beneficiaries _____

What was the total amount of assistance per beneficiary _____

Was the amount of rehabilitation that went into the unit greater than \$25,000 per unit? (\$35,000 as of Round 1, 1999)

Yes No

If yes, did the recipient have this approved in the application or request a modification?

Yes No

Transitional Housing Only: Did the recipient propose to charge household's a percentage of income for housing?

Yes No

Was this done in calculating tenant rent?

Yes No

If no, explain.

All other rental: Did the recipient propose rents that are less than the published limits?

Yes No

If yes, what is the percentage?

Were all tenant rents reflective of this percentage?

Yes No

If no, explain.

Project County:

Length of Mandatory Affordability Period

Length of Extended Affordability Period

Total Length of Affordability Period

Was a Declaration of Low-Income Housing Commitment recorded?
(Does IHFA have the original for not for profits, if no the original must be put in our files.)

Yes No

Utility Allowance (*check*) _____ Year

_____ Section 8 Utility Allowance Schedule
_____ IHFA Approved Utility Allowance (get copy)

Utilities (*check*)

_____ Paid by Tenant
_____ Paid by Owner
_____ Partially paid by Owner and Tenant
_____ Explain (description of what is paid by tenant and owner)

(Scattered Site Projects)

Is there a separate utility allowance for each property address?

Yes No

If no explain:

Did more than six months lapse between any persons initial income verification and the date of the lease?

Yes No

If yes, was a second income verification done prior to moving into the unit?

Yes

No

If no, explain:

HOME – Homebuyer Projects

Total Number of homes

Total Number of Beneficiaries

Did any home receive greater than \$40,000 in project funds

Yes

No

If yes, explain Did the recipient request a modification?

Be sure to complete the Affirmative Marketing questions found on page 17

Were there liens/deed restrictions/restrictive covenants recorded to show the affordability period and documenting resale/recapture provisions?

Yes

No

Monitoring Exit Review

This form is to provide you, the award recipient, subrecipient, and/or administrator, with a list of findings, concerns, required actions and/or comments that the IHFA Compliance Monitor has determined at the time of monitoring. These issues are subject to change, as well as other violations found upon further review, prior to the issuance of the monitoring letter.

Date of Monitoring: _____ **Award No:** _____

Recipient: _____ **Subrecipient:** _____

Findings: _____

Concerns: _____

Suggested Actions: _____

Comments: _____

The following information was not available at the time of monitoring, and is due by _____ in
order to avoid a finding or concern: _____

Compliance Monitor: _____

Recipient Representative: _____